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FEC FORM 2

STATEMENT OF CANDIDACY

1								
١.	(a) Name of Candidate (in full)							
	Nehls, Troy, , ,	☐ Check if address changed						
	(b) Address (number and street) 1612 Crabb River Rd	□Che	ck if address	changed		Candidate's FEC Identification Number H0TX22302		
	(c) City, State, and ZIP Code					3. Is This New Amende	d	
	Richmond		TX	77469	9	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	House			TX	22		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election)							
	NOTE: This designation should be f	led with the appro	opriate office	listed in th	ne instructions.			
	(a) Name of Committee (in full) NEHLS FOR CONG	RESS						
	(b) Address (number and street) 1612 CRABB RIVER RD							
	(c) City, State, and ZIP Code						—	
	RICHMOND				TX	77469		
	DE	CICNIATION	o= o=:::					
			OFOIH	FR Alli	THORIZED	COMMITTEES		
	DE			_	THORIZED g Representativ	COMMITTEES es)		
		(Incl	luding Joint F	undraisin	g Representativ			
	I hereby authorize the following nam	(Included committee, when	luding Joint F	undraising	g Representativ	es)		
	I hereby authorize the following nam candidacy.	(Included committee, when	luding Joint F	undraising	g Representativ	es)		
	I hereby authorize the following nam candidacy. NOTE: This designation should be f	(Included committee, whiled with the princi	luding Joint F	undraising	g Representativ	es)		
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full)	(Included committee, whiled with the princi	luding Joint F	undraising	g Representativ	es)		
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated in fully and the following name of Committee (in full) and the following name candidates (in full) and the following name candidates (in full) and the following name candidates (in full) and the full of	(Included committee, whiled with the princi	luding Joint F	undraising	g Representativ	es)		
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) Cruz 20 for 20 Victor (b) Address (number and street)	(Included committee, whiled with the princi	luding Joint F	undraising	g Representativ	es)		
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated in fully and the following name of Committee (in full) and the following name candidates (in full) and the following name candidates (in full) and the following name candidates (in full) and the full of	(Included committee, whiled with the princi	luding Joint F	undraising	g Representativ	es)		
	I hereby authorize the following name candidacy. NOTE: This designation should be five formulation and the five formulation (a) Name of Committee (in full) Cruz 20 for 20 Victor (b) Address (number and street) PO Box 341027 (c) City, State, and ZIP Code Austin	(Included committee, while the princing state of the princing stat	luding Joint F	undraisin	g Representativ al campaign cor ee.	es) nmittee, to receive and expend funds on behalf of my 78734		
	I hereby authorize the following name candidacy. NOTE: This designation should be five formulation and the five formulation of the following formulation of the five formulat	(Included committee, while the princing state of the princing stat	luding Joint F	undraisin	g Representativ al campaign cor ee.	nmittee, to receive and expend funds on behalf of my 78734 and belief it is true, correct and complete.		
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be five (a) Name of Committee (in full) Cruz 20 for 20 Victor (b) Address (number and street) PO Box 341027 (c) City, State, and ZIP Code Austin I certify that I have example of Candidate	(Included committee, while the princing state of the princing stat	luding Joint F	undraisin	g Representativ al campaign cor ee.	es) nmittee, to receive and expend funds on behalf of my 78734		
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be five formulation and the five formulation of the following formulation of the five formulat	(Included committee, while the princing state of the princing stat	luding Joint F	e best of t	g Representativ al campaign cor ee.	nmittee, to receive and expend funds on behalf of my 78734 and belief it is true, correct and complete.		
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be five formulation of Committee (in full) Cruz 20 for 20 Victor (b) Address (number and street) PO Box 341027 (c) City, State, and ZIP Code Austin I certify that I have example for the following formulation of Candidate (in full)	(Included committee, where the committee is the committee	luding Joint F	e best of I	g Representativ al campaign cor ee. TX TY my knowledge a ronically Filed]	78734 The structure of		
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be five formulation of Committee (in full) Cruz 20 for 20 Victor (b) Address (number and street) PO Box 341027 (c) City, State, and ZIP Code Austin I certify that I have example for the following formulation of Candidate (in full)	(Included committee, where the committee is the committee	luding Joint F	e best of I	g Representativ al campaign cor ee. TX TY my knowledge a ronically Filed]	78734 nd belief it is true, correct and complete. Date 11/06/2020		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	Nehls for TX-22							
	(b) Address (number and street) PO BOX 30844							
	(c) City, State, and ZIP Code							
	BETHESDA	MD	20824					
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)							
	TAKE BACK THE HOUSE TEXAS 2020							
	(b) Address (number and street) PO BOX 30844							
	(c) City, State, and ZIP Code							
	BETHESDA	MD	20824					
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full) TEXAS RELOADED (b) Address (number and street)							
	5900 MEMORIAL DR STE 215							
	(c) City, State, and ZIP Code							
	HOUSTON	TX	77007					
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa (a) Name of Committee (in full)	•						
	RECONNECTING URBAN AND RURAL AMER	RICAN LIF	E					
	(b) Address (number and street) 228 S. WASHINGTON ST.							
	STE. 115							
	(c) City, State, and ZIP Code							
	ALEXANDRIA	VA	22314					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	NEHLS VICTORY 2020					
	(b) Address (number and street) 1612 CRABB RIVER RD					
	(c) City, State, and ZIP Code	_				
	RICHMOND TX 77469					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my					
	candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					